

BEL AIRE RECREATION – REGISTRATION AND WAIVER FORM

Participants Name _____ Male ____ Female ____ Birth Date _____ Age ____

Parents Names _____ Home Phone _____ Work Phone _____

Address _____ City _____ Zip _____ School _____

Bel Aire Resident Yes ____ No ____ *Parents please check areas of interest:* Coaching ____ Officiating ____

Program _____ Other Non Bel Aire Leagues Played In: _____

Special Requests: Friend / Coach _____

**Cannot practice
on:**

Mon ____

Tue ____

Wed ____

Thu ____

Fri ____

Baseball/Softball

Only:

Sat ____

Sun ____

Please Read and Sign Waiver for Participation

In Consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages my child or I may have against the City of Bel Aire and its representatives, successors, and assigns for any and all injuries suffered by myself or my family at any activities sponsored by these groups.

Parent or Legal Guardian must sign for children under 18.

Signed: _____ Date: _____

Office Use Only

Receipt # _____

Received By _____

Fee Paid _____

Date _____

Cash ____ Check # _____